

MARS
503MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
P.O. Box 9204
Des Moines, Iowa 50306-9204

Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number
20120011437Legal Intervention? Private Property? Location Literal Description
E 33RD ST MEASURING 239
FEET SOUTH FROM E 33RD
ST

X-Coordinate: 00454049

Y-Coordinate: 04606558

If Divided Highway, Provide Route
(Cardinal) Travel Direction
"N/A"

L O C A T I O N	Date of Accident 04/18/2012	Time of Accident 06:07	Hrs. Polk - 77	County Des Moines - 1945	Accident occurred within corporate limits of (city)
If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"					
On Road, Street, or Highway: "N/A" At intersection with: "N/A"					
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definite intersection, bridge, or railroad crossing, using two distances and directions if necessary.					
Distance "N/A"	Direction "N/A"	Distance "N/A"	Direction "N/A"	of	
Milepost Number "N/A"	Definable intersection, bridge, or railroad crossing Or "N/A"				

Driver's Name - Last SINGLETON	First BRANDON	Middle LEE	Suffix	Home/Cell Phone
Address 25 E. 1ST ST	City DES MOINES			State IA
Date of Birth 11/13/1983	Citation Charge Code 1			Citation Charge 1

Gender Male	State IA	Class C	Endorsements NONE	Restrictions NONE	Citation Charge Code 2	Citation Charge 2
					Citation Charge Code 3	Citation Charge 3
Alcohol Test Given? 1 - None	Drug Test Given? 1 - None	Test Results: 1 - None	Citation Charge Code 4			Citation Charge 4

Seating Position 01	Injury Status 4	Occupant Protection 2	Airbag Deployment 1	Airbag Switch Status 3	Ejection 1	Ejection Path 1	Trapped 1
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U N I T	Transported to:	Transported by: SGT. WELLMAN - DMPD
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Owner's Name - Last CITY OF DES MOINES	First CITY	Middle D	Suffix	Owner Company Name
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Address 400 ROBERT D RAY DR	City DES MOINES	State IA	Zip 50309
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Insurance Co. Name SELF INSURED	Insurance Policy #			License Plate # 113780	State IA	Year 1999
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VIN No. 2FAHP71V79X140147	Year 2009	Make Ford - FORD	Model CROWN VIC POLI	Style 4D	Tow # YES	Approximate Cost to Repair or Replace \$3,500.00
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initial Travel Direction 3	Vehicle Action 01	Speed Limit 30	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 4	Underride/ Override 1	Private? <input checked="" type="checkbox"/>	Contributing Circumstances, Driver (up to two) 08
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Total Occupants 1	Traffic Controls 01	Vehicle Config. 01	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 1	Vision Obscured 01	Most Harmful Event (by vehicle) 21
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SEQUENCE OF EVENTS	First Event 21	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle) 21
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Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type 2	Emergency Status 2
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Carrier Name	Address			City	State	Zip
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US DOT # or MC #	Number of Axles	Gross Vehicle Weight Rating			Placard #	Hazardous Materials Released?		
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Driver's Name - Last	First	Middle	Suffix	Home/Cell Phone
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Address	City	State	Zip
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Date of Birth	Driver's License Number			Citation Charge Code 1	Citation Charge 1
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Gender	State	Class	Endorsements	Restrictions	Citation Charge Code 2	Citation Charge 2
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Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3	Citation Charge 3
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Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
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U N I T	Transported to:	Transported by:
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Owner's Name - Last BRACKEN	First KATRINA	Middle A	Suffix	Owner Company Name
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Address 1804 E 33RD ST	City DES MOINES	State IA	Zip 50317
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Insurance Co. Name	Insurance Policy #			License Plate # 226XAF	State IA	Year 2013
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VIN No.	Year 2010	Make Subaru - SUBA	Model LEGACY 2.5I LT	Style 4D	Tow # YES	Approximate Cost to Repair or Replace \$3,000.00
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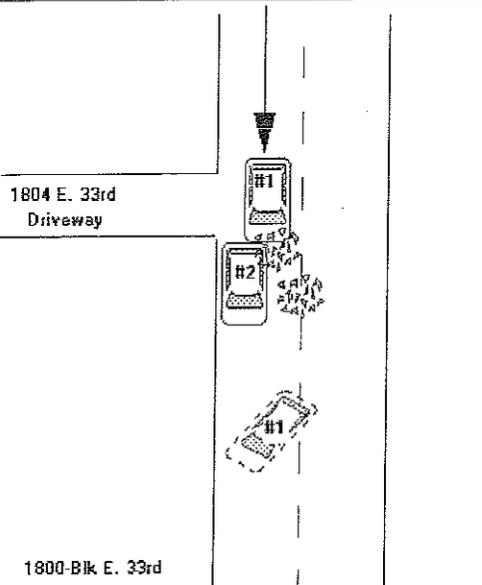
Initial Travel Direction 3	Vehicle Action 12	Speed Limit 30	Point of Initial Impact 05	Most Damaged Area 05	Extent of Damage 4	Underride/ Override 1	Private? <input type="checkbox"/>	Contributing Circumstances, Driver (up to two) 28
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SEQUENCE OF EVENTS	First Event 23	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle) 23
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Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type 1	Emergency Status 3
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Carrier Name	Address	City	State	Zip
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US DOT # or MC #	Number of Axles	Gross Vehicle Weight Rating			Placard #	Hazardous Materials Released?		
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ACCIDENT ENVIRONMENT			ROADWAY CHARACTERISTICS			WORKZONE RELATED?		SEQUENCE OF EVENTS	
			Major Contributing Circumstances:			No			
Location of First Harmful Event	1	Weather Conditions (up to two)	Environment	1	Location			First Harmful Event of Crash (use codes 11-42 only)	
Manner of Crash/Collision	3		Roadway	01	Type				
Light Conditions	2	Surface Conditions	2	Type of Roadway Junction/Feature	01	Workers Present?			
 <p style="text-align: center;">Not to Scale</p>									

NARRATIVE

Describe what happened (refer to vehicles by number)

UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REARENDED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.

W I T N E S S	Witness Name - Last BEERY	First JASON	Middle PAUL	Suffix
	Address 1804 E. 33RD	City DES MOINES	State IA	Zip Code 50317
	Home/Cell Phone # [REDACTED]	Work Phone #		
	Officer BEMINIO, ANTHONY	Badge No. 5030	Time Officer Notified of Accident 06:16	Time Officer Arrived At Scene 06:32
	Name of Agency Des Moines Police Department	Date of Report 04/18/2012	Investigation made at scene? Yes	T.I. #
	Report Reviewed By: [REDACTED]	Date Reviewed	Agency Specific	Other Technical Investigation Agency

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	20120011437	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	04/18/12	Private Property:	NO	Div Hwy Trvl Dir:	"N/A"
Time of Acc:	06:07 Hrs.	County:	POLK - 77	Distance 1:	"N/A"
Name of Agency:	DES MOINES POLICE DEPARTMENT	Acc Loc City:	DES MOINES - 1945	Direction 1:	"N/A"
Officer:	BEMINIO, ANTHONY	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	5030	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	04/18/2012	Miles From City:	"N/A"	X-Coordinate:	00454049
Officer Notified:	06:16 Hrs.	Road, Street, Hwy:	"N/A"	Y-Coordinate:	04606558
Officer Arrived:	06:32 Hrs.	Definable Location:	"N/A"	Location Literal:	E 33RD ST MEASURING 239
Scene Investigated:	YES	Milepost Number:	"N/A"	Description:	FEET SOUTH FROM E 33RD ST

Unit 001

Driver Name - Last:	SINGLETON	Towing:	YES	Injury Status:	4 - POSSIBLE
First:	BRANDON	Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:	LEE	Vision Obscured:	01 - NOT OBSCURED	Transported by:	SGT. WELLMAN - DMPD
Address:	25 E. 1ST ST	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	2 - POLICE
City:	DES MOINES	Point of Init:	01 - FRONT	Emergency Status:	2 - NO, NOT IN EMERGENCY
State:	IA	Impact:		Cont. Circum., Drvr:	08 - LOST CONTROL
Zip:	50309	Most Damaged:	01 - FRONT	Carrier Name:	
Suffix:		Area:		Carrier Address:	
Gender:	MALE	Undrid/Ovrid:	1 - NONE	Carrier City:	
Age:	28	Rpr/Rplc Cost:	\$3,500.00	Carrier State:	
License State:	IA	Ext of Damage:	4 - DISABLING DAMAGE	Carrier Zip:	
License Class:	C	First Event:	21 - VEHICLE IN TRAFFIC	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Second Event:		Number of Axles:	
License Restrictions:	NONE	Third Event:		HazMat Released?:	
Speed Limit:	30	Fourth Event:		GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER			Placard #:	
Driver Condition:	1 - APPARENTLY NORMAL			Cit Chrg Code 1:	
Alcohol Test Given:	NO			Citation Charge 1:	
Drug Test Given:	NO			Cit Chrg Code 2:	
Total Occupants:	1	Most Harmful:	21 - VEHICLE IN TRAFFIC	Citation Charge 2:	
Vehicle Year:	2009	Event:		Cit Chrg Code 3:	
Vehicle Make:	FORD - FORD	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	Citation Charge 3:	
Vehicle Model:	CROWN VIC POLI	Abg Deploy:	1 - DEPLOYED FRONT OF PERSON	Cit Chrg Code 4:	
Vehicle Style:	4D	Trapped:	1 - NOT TRAPPED	Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR	Ejection:	1 - NOT EJECTED		
Vehicle Defect:	01 - NONE	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE		
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED		

Unit 002

Driver Name - Last:		Towing:	YES	Injury Status:	
First:		Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:		Vision Obscured:		Transported by:	
Address:		Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:		Point of Init:	05 - REAR	Emergency Status:	3 - NOT APPLICABLE
State:		Impact:		Cont. Circum., Drvr:	28 - NO IMPROPER ACTION
Zip:		Most Damaged:	05 - REAR	Carrier Name:	
Suffix:		Area:		Carrier Address:	
Gender:		Undrid/Ovrid:	1 - NONE	Carrier City:	
Age:		Rpr/Rplc Cost:	\$3,000.00	Carrier State:	
License State:		Ext of Damage:	4 - DISABLING DAMAGE	Carrier Zip:	
License Class:		First Event:	23 - PARKED MOTOR VEHICLE	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Second Event:		Number of Axles:	
License Restrictions:	NONE	Third Event:		HazMat Released?:	
Speed Limit:	30	Fourth Event:		GVWR:	
Seating Position:				Placard #:	
Driver Condition:	8 - OTHER (EXPLAIN IN NARRA)			Cit Chrg Code 1:	
Alcohol Test Given:				Citation Charge 1:	
Drug Test Given:				Cit Chrg Code 2:	
Total Occupants:	0	Most Harmful:	23 - PARKED MOTOR VEHICLE	Citation Charge 2:	
Vehicle Year:	2010	Event:		Cit Chrg Code 3:	
Vehicle Make:	SUBARU - SUBA	Abg Switch Stat:		Citation Charge 3:	
Vehicle Model:	LEGACY 2.5I LT	Abg Deploy:		Cit Chrg Code 4:	
Vehicle Style:	4D	Trapped:		Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR	Ejection:			
Vehicle Defect:	01 - NONE	Ejection Path:			
Vehicle Action:	12 - LEGALLY PARKED	Occpnt Protect:			

Accident Environment

First Harmful Event Loc: 1 - ON ROADWAY
Manner of Crash/Collision: 3 - REAR-END
Light Conditions: 2 - DUSK
Weather Conditions: 06 - RAIN
Surface Conditions: 2 - WET
First Harmful Evt of Crash: 21 - VEHICLE IN TRAFFIC

Roadway Characteristics
Environment: 1 - NONE APPARENT
Roadway: 01 - NONE APPARENT
Type of Road Junc/Feat: 01 - NO SPECIAL FEATURE
Workzone Related: NO
Location:
Type:
Workers Present:

Narrative

UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REarendED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.

Diagram

